

THE CLEVELAND MUSEUM OF ART

**FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE**

Born in Cleveland  YES  NO

PLEASE  
LETTER  
PLAINLY  
OR TYPE

**Collaborator if any**

## Artist

Karen

Hylan  
LAST NAME

58

Tel. ER. 1-5383

## Address

NO. STREET

CITY

ZON E

COUNTY

Out-of-town residents should state whether return shipment is required.  YES  NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

**SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.**

Use second blank if required

**IMPORTANT**

This entry blank must be fully made out, (typewritten or plainly printed) and signed.  
Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Karen Heylan

SIGNATURE